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Bib Data Sheet

CONFIRMATION NO. 4464

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|--|---|--|---|--|
| SERIAL NUMBER 10/024,739 | FILING DATE 12/19/2001 RULE | CLASS 714 | GROUP ART UNIT 2184 | ATTORNEY DOCKET NO. NL000748 |
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| ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** EUROPEAN PATENT OFFICE (EPO) 00204798.3 12/22/2000 | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/22/2002 | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>VP</i> Acknowledged <i>VP</i> Examiner's Signature Initials | | STATE OR COUNTRY NETHERLANDS | SHEETS DRAWING 3 | TOTAL CLAIMS 8 |
| INDEPENDENT CLAIMS 1 | | | | |
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| TITLE Conditional access | | | | |
| FILING FEE RECEIVED 870 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |

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